

NHSScotland Volunteering Advisory Board



Minutes of Meeting held on 27 May 2024

Present

Tom Steele (TS)	Chair, Scottish Ambulance Service
Janice Malone (JM)	Programme Manager, Healthcare Improvement Scotland
Alan Stevenson (AS)	CEO, Volunteer Scotland
Harry Balch (HB)	Volunteering Services Manager, NHS Greater Glasgow & Clyde
Marion Findlay (MF)	Director of Services, Volunteer Edinburgh
Eilidh Gallagher (EG)	Head of Person Centred Care, NHS Forth Valley
Craig Hunter (CH)	Head of Service, Strategic Operations & Resilience, Scottish Ambulance Service
Mike Melvin (MM)	Volunteering Services Manager, Aberdeen City TSI, ACVO
Tejesh Mistry (TM)	Chief Executive, Voluntary Health Scotland
Rachael Honeyman (RH)	Head of Volunteering, NHS Lothian
Siobhan McIlroy (SM)	Head of Patient Experience, NHS Fife
Tracey Passway (TP)	Head of Patient Safety, Clinical Governance and Risk Management, NHS Tayside
TK Shadakshari (TKS)	Lead Chaplain, Strategic Diversity and Spiritual Care, NHS Western Isles

In attendance

Mandy Urquhart (MU)	Voluntary Services Manager, NHS Grampian
Sarah Compton-Bishop	Chair, NHS Highland
Alison Waugh (AW)	Administrator, Healthcare Improvement Scotland
(Minutes)	
Heather Bryson and parents	(For item Under 16's and NHS Scotland Volunteering)

Apologies

Alison Solley (AIS)	Director of AHPs, NHS Dumfries & Galloway
Jane Christie-Flight (JCF)	Employee Director, Golden Jubilee National Hospital, Vice Chair, Volunteer Forum
Geraldine Lawrie (GL)	Head of Workforce and Development, NHS Grampian
Ruth Hutton (RH)	Third Sector Unit, Volunteering Team, Scottish Government
Stephanie Johnstone (SJ)	Senior Policy Manager, NHS Volunteering Policy, Scottish Government

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Welcome and apologies

TS gave an overview of the continuing pressures on the NHS and the challenges. Apologies were noted.

Minute of meeting of 20 February 2024 and matters arising

- The board agreed the minutes of the last meeting were a true record.
- The risk register is on today's agenda.
- Volunteer Information System: The action was for JM and AS to further discuss scenario planning and methodologies. JM advised that there had been discussion at the last meeting and SJ from Scottish Government, at that point, was unable to confirm funding for the last financial year. There have since been positive conversations with Scottish Government although nothing has been fully confirmed yet. Updated documentation for the hosting agreement with the Golden Jubilee has been received and it feels more stable.
- JM had contacted Tejesh Mistry (TM), the new Chief Executive of Voluntary Health Scotland, about joining the Volunteering Advisory Board. TS welcomed TM.

Terms of Reference review

Overview (JM)

It was felt it was time to refresh the Terms of Reference, making sure it was still in line in terms of objectives and membership, is there anyone missing who it would be useful to invite. Members were invited to give their thoughts and reflections.

TM commented that it stood out that the ambassadorial role and raising awareness is specifically in NHS Scotland and asked if it would go beyond NHS Scotland and if it is being narrowed. TS responded that it is right that it keeps to the NHS for the Terms of Reference, the current remit from Government is NHS Scotland. Communications and ambassadorial to opportunities in NHS Scotland can be added if this is not reflected, being clear that we want to reach out from the current confines of NHS Scotland.

Action: The Terms of Reference was accepted and can be circulated in the next couple of weeks (JM)

Disclosure Scotland Consultation

TS asked if the group want an action for what they do next or if JM is looking for further comment.

JM suggested discussing the feedback received. She thought there are concerns about the proposed fees and impact and what could this group's role be in feeding back. Would it be appropriate for this group to write a collective response when the

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consultation is open and share with NHS Boards for them to respond in a similar manner.

TS added that there are a range of comments and the group may want to do something collectively.

AS commented that the consultation is due tomorrow, the timing is really tight to get responses and suggested submitting on behalf of the group or forwarding to reflect in Volunteer Scotland's response.

JM advised that she had a discussion about the current consultation and fee waivers for different groups. The changes to prices structure is still being discussed and a further consultation will come. JM is trying to get ahead for when that consultation comes out rather than responding to the consultation that is just about to close.

AS added that clearly it is complex and some points are pertinent. AS hadn't heard anything concrete about another consultation. JM responded that another consultation on prices will come but perhaps should respond to the current consultation in case it doesn't.

TM was aware of the closing date. It seemed it would be useful for the group to feed in, the comments align, and he would support that.

MM agreed with all the comments and those in the spreadsheet. Instead of lifelong membership it will be a scheme membership every 5 years, there will be an additional recurring cost, and will have further implications. Discussed with NHS group volunteer coordinator and the indirect effect on the NHS. There will be an impact on volunteer groups. An open letter has been submitted to Natalie Don MSP from the Cross Party Group Volunteering. MM hoped the scheme waiver wouldn't go ahead.

TS summarised that there is strong feeling that the group should submit a response and should be supportive. TS asked if this is achievable in a day. JM will prioritise and share a draft with anyone who has time for feedback before submitting.

Action: A response will be submitted to the current Disclosure Scotland consultation (JM)

Developing the mental health workforce

The role of volunteering at the Royal Edinburgh Hospital in employability development

MF gave a background to the research and its findings.

HB commented that it can feel like failure when it doesn't work out for volunteers, they maybe found it isn't for them. She had people about to begin a course deciding it's not the course for them and had chosen another course, so a positive. MF added that a volunteer never realised that there are so many different jobs.

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TP thanked MF for going through the research and Voluntary Health Scotland for their support. TP had shared in mental health services across Tayside, it has reinvigorated services. It has been taken to the management group.

TS commented that there is a lot of talk of NHS reform. Reform meant status quo, it is not a way forward. The workforce has to change. We want to recruit the workforce we need, this applies to volunteers too. TS thought it was a really important report and is happy to pick it up with NHS Education for Scotland. If the group want to pick up more widely, TS is happy to do that, if appropriate.

TP asked if there is a cross party group for mental health services. MF responded there is for health inequalities that Voluntary Health Scotland convenes. She was at one of the cross party groups about 5 years ago, it didn't make reference to volunteers and maybe this can be revisited.

MF commented that it was an issue that came from this group and demonstrates that we can inspire, take things away and research.

TM added that Voluntary Health Scotland is secretariat for health and equality. He will refer to the research at a group meeting and with a meeting with the cabinet secretary in June and will do what he can to promote.

Action: MF will forward contact details for NHS Education for Scotland to TS.

NHS Scotland Volunteering Strategic Risks

Discussion on steps taken to date and agree way forward.

TS gave an overview on strategic risks, stating the need for the VAB to treat risk as a very important topic.

JM reviewed progress so far which has included thinking of the strategic risks to volunteering that this group could look at and mitigate. Dean Robertson, NHS Tayside and TP had facilitated and linked to whiteboard post its. These were distilled down to a few key risks that were the most important to take forward. JM, TP and Dean Robertson had met and translated into a risk register for the national group and as part of that work began to consider how does volunteering risk play into the normal risk management processes. Is there a different approach we should take, now that we have risks identified, is there guidance, support that the Volunteering Advisory Board can give to NHS Boards about risk and how they can mitigate.

TP added that the Volunteering Advisory Board does not own the risks but contributes to their mitigation. Listed three risks with a view about sharing with their boards and consider how they might use them to drive importance and opportunities, do things differently, are they risks in your area. TP didn't think we own these risks and happy to be challenged if needed.

TS agreed that we don't own the risks but can coordinate, amplify the level of risk, look at how often a risk comes up in a matrix form, this reinforces how important it is, and have a role to inform.

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AS added about overall risks that boards don't see. Is it informative or this is strategic risk for everyone. They are everyone's risks but don't appear on individual risk registers. This group should have an outside perspective.

TP commented on management patient safety from risk. Don't have a service level risk about volunteering. Risks sit elsewhere. Lack of strategic commitment to volunteering. The strategic aspect is being able to articulate the volunteering in future to prompt how would we think about that in your board perspective, increase the profile and show people where the potential is for volunteering.

MF commented on reputational risk, the statement at the beginning, volunteering is an activity undertaken by choice. Compulsory volunteering doesn't have a clear definition. MF couldn't see in the paper about strategic reputational risks.

TS summarised that there was a high appetite to do something on this. He could get a slot at the Chairs meeting. It would capture attention. Need help about how to best capture the reflection of board and three/four corporate risks identified at this meeting.

Action: JM, TP and TS will meet. NHS Scotland Volunteering Strategic Risks will be taken to the NHS Chairs meeting around Autumn.

Under 16's and NHS Scotland Volunteering

Heather Bryson, #iwill ambassador / young volunteer and her parents will share Heather's volunteering journey, before the Volunteering Advisory Board have a chance to discuss the benefits, opportunities and challenges to creating meaningful volunteering opportunities for under 16's.

Overview (JM):

JM met Heather Bryson a couple of months ago when she joined a Volunteer Practitioner Network session to talk about young people in volunteering. JM worked with Youthlink Scotland to bring a number of young people who shared their experience. It was really inspiring to hear what they are involved in and to challenge perceptions and assumptions of what young people are capable of. There is a tendency not to involve people under 16 in volunteering in the NHS at the moment.

TP asked if the session could be recorded to stimulate discussion elsewhere. The session was recorded.

Heather spoke about her volunteering journey, starting at seven. Discussion and questions from the group followed including age barriers (Saltire Award, Duke of Edinburgh) and volunteering for adults without childcare.

Action: JM will share with the group links to Heather's socials. EG asked how as Health and Social Care providers do they communicate with young people. JM will share Heather's contact details with EG. TS and JM will reflect and see if there are any actions for the group, how to follow up and challenge barriers.

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NHS Scotland Volunteering Programme Annual Report

Due to time constraints the NHS Scotland Volunteering Programme annual report wasn't discussed but has been shared with advisory board members and published on our website.

AOB

TP shared a good news story that charitable funding had been successful for discharge support volunteers for 20 months based on orthopaedic wards.

MM wished everyone a fantastic Volunteers Week starting on Monday 3 June 2024. It is the 40th anniversary.

AS commented on the general election and the national service of armed forces and volunteering. Volunteer Scotland may put out a statement, if it is mandatory it isn't volunteering. This is backed up by the Volunteering charter.

Close

Reports and publications for noting by the NHSScotland Volunteering Advisory Board membership

Volunteering Advisory Board Programme Report Q4 2023-24

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